

Emergency Medicine PA Residency Program

Remediation Policy

PA trainees who fail to meet program expectations or progress as expected within the six core competencies of emergency medicine clinical practice may be identified by the clinical competency committee (CCC) at formal semi annual reviews or anytime by PA program faculty and department education leadership. Individual trainee improvement strategies can be initiated in the form of informal or formal remediation depending on the expectation or competency that is not being met.

For less serious deficiencies (i.e. incomplete charts, late department or hospital compliances, falling behind of conference/journal club attendance), the program director and/or medical director will communicate the specific concern with the individual trainee in the form of an email, other written memo, or an in person meeting with written summary. If the deficiency is deemed to be likely easily correctable, a plan will be agreed upon during the initial communication, the behaviors or actions of the trainee will be monitored for a defined period of time, and standard practices will resume once the deficiency is deemed to be corrected.

For more serious deficiencies (i.e. persistent issues with any of the above, significant disruptive or unprofessional behavior, not meeting minimum thresholds for knowledge or procedural core competencies) a formal remediation plan for the individual trainee will be developed. This plan can be determined by the PA program leadership or with the assistance of the CCC committee. This will include a documented plan identifying the deficiency and the specific agreed upon plan of action with defined time periods for expected improvement. Both program leadership and the trainee will sign this documentation and this will be kept in the trainee's personal file. Trainees will have copies of these documents for their records as well.

Probation Policy

PA trainees who fail to meet the expectations and/or requirements of the formal remediation plan can be formally placed into a probation status within the training program. In rare cases, if the original deficiency is particularly egregious or concerning, the PA program leadership and/or department leadership may determine that the best plan of action is to move directly into a probation status. A formal meeting will be scheduled with the program director, medical director, vice chair of education, and the individual trainee. This conversation will be documented along the specific deficiency, behavior, or action of concern and why probation status is determined to be necessary. A written plan will be created that includes a revised remediation plan, a defined time period of probation, specific metrics that will be monitored, expected outcomes and consequences if the remediation during probation is not successful including dismissal from the program. All parties will sign this document and this will be kept with the trainee's individual file. Formal meetings with the program director will be scheduled throughout the probation time period to check on progress and provide feedback, support, and other assistance needed.

These meetings will be documented as well and kept on file. Grievance and due process policies will be ensured for the trainee in these cases.

Dismissal Policy

PA trainees may be dismissed from the Emergency Medicine PA Residency Program for failure to meet the qualifications of an Emergency Medicine PA Resident including but not limited to failure to obtain licensure and credentialing within the designated time period, unacceptable professional conduct or sustained unacceptable performance. Performance is based on all trainee evaluations and assessments both written and discussions within the CCC committee. Dismissal will be considered in cases where significant deficiencies in professionalism or clinical performance are identified, remedial training is provided, and there is either failure to improve based on defined metrics or there is continued worsening of these deficiencies.